PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

vian stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Block 1 through 5 should be completed where appropriate. All further correspondence including the Peterna, divance orders and notification of maintenance free will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance for notifications.

			have	its own certificate	of mail	ling or transmission.	
30554 75 SHEMWELL MA 4880 STEVENS CI SUITE 201 SAN JOSE, CA 95	AHAMEDI LLF REEK BOULEV	Certificate of Mailing or Transmission I hereby certify that this Feely Transmittal is being deposited with the United States Potal 8-very with sufficient sociage for first class mail in an envelopment of the Company					
571117052, 07175			<u> </u>				(Depositor's name)
			<u> </u>				(Signature)
							(Diffe)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/789,705 02/27/2004			Jose P. Percira			NLMI.P124 7575	
TITLE OF INVENTION: E	NTRY LOCATION I	N A CONTENT ADDRE	ESSABLE MEMORY				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0		\$1400	04/05/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS]			
NAMAZI, M	1EHDI	2189	711-108000	_			
Change of correspondence CFR 1.363).	e address or indication	2. For printing on the patent front page, list , Shemwell Mahamedi LLP					
Change of correspondaddress form PTO/SB/1		(1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3					
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent anomeys or agents. If no name is sisted, no name will be printed.				
3. ASSIGNEE NAME AND					-		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
NetLogic Microsystems, Inc. Mountain View, California							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown a							shown above)
X Issue Fee ☐ Publication Fee (No small entity discount permitted)			☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # c		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number . 501914 (enclose an extra copy of this form).					
5. Change in Entity Status	s (from status indicate	d above)	overpayment, to Dept	John Treesant Transc	- 50	1914	
a Applicant claims SMALL ENTITY status. See 37 CFR 127. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 127/g NOTE: The Issue Fee and Publication Fee (frequired) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assigne interest as shown by the records of the United States Patent and Trademark Office.							
NOTE: The Issue Fee and I interest as shown by the rec	Publication Fee (if req ords of the United St	uired) will not be accept ites Patent and Trademar	ed from anyone other than k Office.	the applicant; a reg	gistered	attorney or agent; or t	he assignee or other party i
Authorized Signature	/Charles E. She	mwell/		4/5 Date	/07		
Typed or printed name Charles E. Shemwell			Registration No40,171				
This collection of informat an application. Confidentia submitting the completed this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22312 Under the Paperwork Redu	ion is required by 37 of application form to the s for reducing this bugginia 22313-1450. Do 3-1450. Do 3-1450. Do 3-1450. Do	CFR 1.311. The informat is U.S.C. 122 and 37 CFR e USPTO. Time will var irden, should be sent to to O NOT SEND FEES OR persons are required to n	ion is required to obtain or 1.1.4. This collection is es y depending upon the indi the Chief Information Offic COMPLETED FORMS T espond to a collection of in	retain a benefit by timated to take 12 vidual case. Any c er, U.S. Patent and O THIS ADDRES formation unless it	the pub minute commen d Trader SS. SEN t display	lic which is to file (ar s to complete, includi ts on the amount of t mark Office, U.S. Dep D TO: Commissioner	d by the USPTO to proces ng gathering, preparing, ar me you require to comple partment of Commerce, P.C. for Patents, P.O. Box 1451 I number.